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Section 5408 provides for a commissioner of health to be selected by the State Board of health, and section 5410, in defining the duties of the commissioner of health, among other things, provides:

"It shall be his duty to strictly enforce all laws passed for the protection of the public health and improvement of sanitary conditions of the State and to enforce all rules, regulations, and orders of the State board of health. He shall investigate all epidemics of diseases that may occur in the State and advise the local health officers as to the best measures to be taken to prevent and control such disease and he shall supervise all measures taken by local health officers for the suppression and control of disease."

Chapter 7, Laws of 1921, provides for a director of health in lieu of a commissioner of health, and in section 59 of that act it is provided:

"The director of health shall have the power and it shall be his duty:

"(1) To exercise all the powers and perform all the duties now vested in, and required to be performed by, the State commissioner of health."

So, then, we have here a rule or regulation adopted by the State board of health under the authority given it by section 5406 and enforced by the director of health under the express terms of section 5410, and since in *State ex rel. McBride v. Superior Court* (103 Wash. 409, 174 Pac. 973), after a full investigation and consideration, this court in an exhaustive opinion upheld the statute, declared the acts and rulings of the board of health to be final and conclusive, and not to be reviewed by the courts or denied because the authority may be abused or the law maladministered, and that the finding of a fact by a properly constituted health officer was final and binding upon the public as well as upon the courts, there seems to be nothing further which need be said, especially as there is no allegation or contention that the action complained of in this case was in anywise arbitrary, capricious, or unreasonable.

Some contention is made that, because in section 5406, *supra*, school directors are not specifically named as among the officers whose duty it is to enforce the rules and regulations of the State board of health, the notice given by respondents should be held to be ineffectual for any purpose. But it follows from what has already been said that the order of the director of health, being valid, was binding upon all affected thereby, and the respondents, as school directors, had no more right to disregard or disobey that order in their official capacity than they would have as individuals.

A further argument is based upon the latter part of respondents' notice, which provides:

"Those who do not comply with the foregoing regulations are to be excluded from the schools and isolated in their homes for a period of 18 days immediately following the date mentioned"—

it being urged that the provision with reference to isolation was not embraced in the regulation of the State board of health; that the school board had no authority to add anything thereto, or to adopt rules of its own upon that subject. It is doubtful if, under the allegations of appellant's affidavit, which stands as a complaint in this case, or his prayer for relief, this question can now be presented; but, in any event, the 18-day isolation period had fully expired before this case was reached for hearing in this court, and the question is therefore a moot one only, which, under our well-established rule, we will not now consider or decide.

The judgment is affirmed.

DEATH RATES IN A GROUP OF INSURED PERSONS.

DEATH RATES FOR PRINCIPAL CAUSES, MARCH AND APRIL, 1922.

The accompanying table is taken from the Statistical Bulletin of the Metropolitan Life Insurance Co. for May, 1922, and presents the mortality data of the industrial department of the company for March and April, 1922, and April and year, 1921. The figures are based on a strength of approximately 14,000,000 insured persons.

The death rate among this group (9.2 per 1,000 lives exposed) declined 20.7 per cent in April as compared with March. Particularly noticeable are the lower figures for diphtheria, influenza, and pneumonia, the rate for the latter declining from 158.7 per 100,000 in March to 97 in April. An increase in the rate for measles is noted for April, and it is stated that the rate for this disease (7.2) is the highest registered in the industrial department of the company since July, 1920.

Death rates (annual basis) for principal causes per 100,000 lives exposed, for March and April, 1922, and April and year 1921.

Cause of death.	Death rate per 100,000 lives exposed.			
	Apr., 1922.	Mar., 1922.	Apr., 1921.	Year 1921 ¹
Total, all causes.....	918.2	1,157.5	950.5	853.8
Typhoid fever.....	3.4	3.0	3.3	6.6
Measles.....	7.2	5.1	5.4	3.1
Scarlet fever.....	5.6	6.6	9.4	6.9
Whooping cough.....	2.0	3.8	3.8	3.9
Diphtheria.....	12.1	19.1	18.4	23.3
Influenza.....	38.9	70.6	14.8	8.6
Tuberculosis (all forms).....	118.2	125.5	133.4	115.1
Tuberculosis of respiratory system.....	107.9	116.3	121.8	103.6
Cancer.....	63.2	76.1	70.0	70.4
Cerebral hemorrhage.....	63.2	75.8	57.3	60.9
Organic diseases of heart.....	134.7	168.2	124.3	115.0
Pneumonia (all forms).....	97.0	158.7	88.0	66.5
Other respiratory diseases.....	14.2	22.9	13.1	14.1
Diarrhea and enteritis.....	5.2	7.2	9.6	13.9
Bright's disease (chronic nephritis).....	70.9	87.5	76.8	66.7
Puerperal state.....	17.3	22.5	22.0	19.5
Suicides.....	8.5	7.3	7.2	7.5
Homicides.....	4.0	5.8	6.1	6.6
Other external causes (excluding suicides and homicides).....	42.6	49.7	45.1	56.2
Traumatism by automobile.....	8.3	8.4	10.2	11.9
All other causes.....	210.0	242.1	213.5	189.0

¹ Based on provisional estimate of lives exposed to risk in 1921.

DEATHS DURING WEEK ENDED JUNE 17, 1922.

Summary of information received by telegraph from industrial insurance companies for week ended June 17, 1922, and corresponding week, 1921. (From the Weekly Health Index, June 20, 1922, issued by the Bureau of the Census, Department of Commerce.)

	Week ended June 17, 1922.	Corresponding week, 1921.
Policies in force.....	50,058,107	47,150,195
Number of death claims.....	8,289	7,599
Death claims per 1,000 policies in force, annual rate.....	8.6	8.4